

Date \_\_\_\_\_

**APPLICATION TO SERVE ON THE CHILD CARE APPEAL REVIEW PANEL  
DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION  
LICENSING AND ACCREDITATION UNIT**

**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

I wish to apply to serve on the Child Care Appeal Review Panel as a representative of:

\_\_\_\_\_ Early Childhood Professionals

\_\_\_\_\_ Pediatric Health Professionals (active involvement or experience with preschool children in group settings in preferred).

\_\_\_\_\_ Parent of a child attending an early childhood program.

\_\_\_\_\_ Licensed child care provider/ Type of Program \_\_\_\_\_

- Number of years licensed \_\_\_\_\_
- Quality Accredited Facility? Yes \_\_\_\_\_ No \_\_\_\_\_

**Background/ Education/ Experience (Please attach Resume):**

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**(Optional): Ethnic Background:**

- ☐ Afro American
- ☐ American Indian
- ☐ Asian
- ☐ Caucasian
- ☐ Hispanic
- ☐ Other \_\_\_\_\_

**Professional/ Community Involvement:** \_\_\_\_\_

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**Why are you interested in serving on this panel? (Please attach additional pages if necessary.)**

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**References: (Please list three references):**

	<b>Name</b>	<b>Address</b>	<b>Phone</b>
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		

**By making this application, I understand the commitment is for a three year appointment and agree to be available to meet on a monthly basis (if required) to consider appeals from child care providers and to make recommendations to the Division of Child Care rules and regulations of child care programs in the state.**

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<b>Signature</b>	<b>Date</b>

**RETURN COMPLETED FORM TO:**

**Division of Child Care and Early Childhood Education  
Licensing and Accreditation  
P.O. Box 1437, Slot S150  
Little Rock, Arkansas 72203**